

2024 John Hopper Impact Award

The John Hopper Impact Award recognizes an exceptional Entrepreneur or First-time Fund Manager who has introduced an innovative solution, technology, or fund thesis focused on improving the independence, quality, and cost of care for the aging population. John Hopper was a true innovator; between establishing one of the first funds to invest in age-tech solutions and supporting its portfolio company entrepreneurs, John dedicated himself to driving innovation while inspiring growth in people, teams, and relationships. John's significant influence, impact, and contribution to those with whom he collaborated will never be forgotten.

Through his collaborative approach to supporting entrepreneurs as well as senior living and healthcare providers, John helped countless companies improve the quality and cost of care as well as the independence and overall wellbeing of our aging population. John built enduring relationships with entrepreneurs, colleagues, investors, and employees all striving for excellence with a "Hopper-like" understanding as well as appreciation for the tremendous sacrifice, persistence, and effort it took to achieve the success he expected from each of them.

John was a visionary who positively impacted the development of innovative technology and service models to support healthy aging through his venture investing thesis and entrepreneurial support. With this Award, we remember John and celebrate his legacy by recognizing an Entrepreneur or First-time Fund Manager dedicated to making significant contributions to enhance the aging experience, extend well-span, and/or improve the quality of care provided to the aging population.

Please complete the below form to nominate an Entrepreneur or First Time Fund Manager for the John Hopper Impact Award.



* Indicates required question		
Email *		
Cannot pre-fill email		



Impact Award Nomination Requirements, Guidelines, and Eligibility

NOMINATION REQUIREMENTS

Anyone may submit a nomination for the John Hopper Impact Award with the candidate's permission. Self-nominations are accepted. It

is the responsibility of the nominator to summarize the nominee's achievements in sufficient detail to document why this individual should be considered, above all others, for this distinguished award.

Nominations must contain sufficient information to inform the selection process without additional research. Please complete the Nomination Form in full for Nominee to be considered for the Award.

The Recognition Committee reviews nominations for the leadership award against the following required criteria:

- 1. **Commitment** to improving the independence, quality and cost of care, and overall lives of the aging population.
- 2. **Innovative Solution or Thesis:** Winners will have a unique and innovative solution or fund thesis that will seek to improve the lives of older adults.
- Measurable Impact: Winners will be able to measure the impact they are driving.
- 4. **Financial Viability and Sustainability:** Winners will be financially viable with a plan to scale to drive broader future impact.

GUIDELINES AND ELIGIBILITY

The John Hopper Leadership Award is intended to be a rare recognition. No individual awards (vs. team awards) will be given more than once to the same individual.

- Candidates must be contributing members of the aging and healthcare industry, and individuals who have made significant and demonstrable contributions to the field.
- Candidates may not currently be a member of the Ziegler Link-age team, affiliated with Ziegler Link-age Fund portfolio companies, the League of Advisors, or the Recognition Committee

Other Eligibility Criteria:



For Entrepreneurs:

- At least two signed customers
- Ideally with at least \$100,000 in ARR with high growth projections

For First-Time Fund Managers:

- Must have dry powder to invest
- Must be a first-time fund manager*
- *First-time fund manager is defined as a manager's first fund with a thesis related to aging

Nominee General Information

Please complete the following required fields to consider the Nominee for the Award.

Name of Nominee(s): *

Your answer here

Industry: *

Your answer here

Company Name: *

Your answer here



Nominee Email: *
Your answer here
Nominee Phone: *
Your answer here
City, State: *
Your answer here
Year Founded: *
Your answer here
Number of Employees: *
Your answer here



Company/Fund Stage: *	
O Pre-Seed	
○ Seed	
O Series A	
O Series B	
Other: Your answer here	
Company Summary/Investment Thesis: *	
Please provide a summary of the Nominee's company/solution or fund thesis:	
Your answer here	
Impact Award Required Questions	
Please complete the below questions to demonstrate how the Nominee stands out as an innovator driving a positive impact in aging and post-acute care.	
Describe what makes the entrepreneur or fund manager innovative, * and how their vision seeks to improve the aging experience. Your answer here	
rour unswer nere	





What are the specific metrics or outcomes that highlight the impact the entrepreneur or fund manager has on the lives of older adults or the post-acute care sector?

Your answer here

Describe how the business model or fund thesis is structured to drive long-term success in improving the independence, quality, and cost of care for the aging population.

Your answer here

Can you provide specific examples of how the nominee has demonstrated a dedication to excellence in their work, with a "Hopper-like" understanding of the challenges and milestones that entrepreneurs/first-time fund managers and their teams typically face in the industry?

Your answer here

In what ways has the nominee left a lasting impression on their colleagues, investors, employees, and the industry as a whole, reflecting John's lasting influence, impact, and contribution to those with whom he collaborated?

Your answer here



Optional: Is there any other information that you would like to share
with the Committee as they consider this nomination?

Your answer here

Nominator Information

Please provide the following information about yourself as the Nominator.

Name: *

Your answer here

Organization: *

Your answer here

Optional: Please explain your connection to the Nominee:

Your answer here

Get link

Never su^bm^{it} passwor^ds t^hroug^h Google Forms

This content is neither created nor endorsed by Google. Report Abuse - Terms of Service - Privacy Policy

Google Forms

